

03500.014978.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: Susan Shuk Yin Lee
TAKESHI YAMAWAKI ET AL.)
: Art Unit: 2852
Appln. No.: 09/729,279)
: Filed: December 5, 2000)
: For: OPTICAL SCANNING)
: APPARATUS, IMAGE FORMING :
: APPARATUS, AND METHODS)
: OF PERFORMING OPTICAL :
: SCANNING USING OPTICAL)
: SCANNING APPARATUS AND :
: IMAGE FORMING APPARATUS) August 24, 2005

Mail Stop: Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT


Sir:

In response to the Office Action dated May 24, 2005, please amend the above-identified application as follows. The specification changes begin on page 2, amendments to the claims are reflected in the listing beginning on page 7, and the Remarks begin on page 19.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

August 24, 2005
(Date of Deposit)

Leonard P. Diana (Reg. No. 29,296)
(Name of Attorney for Applicants)


Signature

August 24, 2005
Date of Signature



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en

In re Application of:

Docket No. 03500.014978.

TAKESHI YAMAWAKI, ET AL.

Application No.: 09/729,279

Examiner: Susan Shuk Yin Lee

Filed: December 5, 2000

Art Unit: 2852

For: OPTICAL SCANNING APPARATUS, IMAGE FORMING APPARATUS, AND METHODS OF PERFORMING OPTICAL SCANNING USING OPTICAL SCANNING APPARATUS AND IMAGE FORMING APPARATUS

August 24, 2005

Mail Stop: Amendment

THE COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 96	MINUS	** 107	= 0	x \$25 \$50	\$0.00
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$100 \$200	\$0.00
Fee for Multiple Dependent claims \$180°/\$360						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Leonard P. Diana
Attorney for Applicants
Registration No.: 29,296

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